

Giving

Medical University of South Carolina



Annual Report
2007-2008

*“I have found that among its other benefits,
giving liberates the soul of the giver.”*

Maya Angelou
writer, dancer, activist

Great institutions draw their strength from the character, passion and commitment of the people associated with them. By any measure, the people associated with the Medical University—those who work, teach, study, investigate and heal here—provide a solid foundation for greatness. Their achievements have inspired others—community members, businesses and foundations—to invest in our success.

As you will read elsewhere in this Annual Report, philanthropic support of the Medical University reached an all-time high last year, with more than 12,000 people making \$67.4 million in gifts and pledges. This was a record for the University by every measure, and it could not have come at a better time.

Earlier this year, we launched the public phase of a capital campaign, called **A Partnership of Promise**, which aims to raise at least \$300 million in private contributions by July 2011 to help our University become one of the top academic medical centers in the nation. It seems inconceivable, given the current economic climate, but based on last year's outpouring of support, we fully expect to surpass our \$300 million goal well ahead of schedule. This is great news not only for the Medical University, but for the entire state of South Carolina, as it is empowering us to provide scholarships, build new educational facilities, launch new patient-care initiatives, and pursue important scientific investigations that otherwise wouldn't be possible under our current economic circumstances.

There is no way to adequately thank our benefactors for their support. We hope they can understand the positive way they are transforming the nature of health care in our state and beyond – one patient, one student and one discovery at a time. By entrusting us with their gifts and investments, they are helping build an extraordinary institution, where the powers of education, healing and discovery come together to create positive change in the lives of countless citizens and their families. Surely, there can be no more powerful or enduring legacy for all of us associated with the Medical University.

With best wishes,

A handwritten signature in black ink, reading "Raymond S. Greenberg". The signature is fluid and cursive, with the first name "Raymond" being the most prominent part.

Raymond S. Greenberg, MD, PhD
President



"Charity begins at home."

-- Terence, Roman playwright, c. 190 - 158 B.C.

If Publius Terentius Afer, also known as Terence, could stroll the campus of the Medical University of South Carolina today, the Roman dramatist would see his words literally spring to life.

Students, faculty and staff at all levels have been generous with their time, their ability and their money in a myriad of ways, enriching not only their peers, but the Charleston community and beyond. Over the years, the MUSC Annual Report has chronicled the generosity of our "family" members who have taken their knowledge and skills to places near and far in an effort to relieve suffering and enrich countless thousands of lives.

In the movie "Jerry Maguire," Tom Cruise portrays a sports agent attempting to hold on to his one remaining superstar client, a pro football player (Cuba Gooding Jr.) who demands of his agent a lucrative contract to match his athleticism (if not his ego). "Show me the money," says Rod Tidwell, the athlete, giving life to a phrase now embedded in our pop culture lexicon. Here at MUSC, our employees have shown us the money since 1988, the first year of our annual YES (Yearly Employee Support) Campaign.

Since its inception 20 years ago, the YES Campaign has collected more than \$5.5 million for programs to save lives, conquer illness and end suffering. Under the YES umbrella are 600 individual funds to which employees can donate. For example, the Family Fund, established in 1999, has dispersed approximately \$185,000 to 80 programs on campus. Elsewhere in this publication you'll meet some of the people who are involved in the YES Campaign and learn how one particular program is protecting our most vulnerable citizens: children under the age of one year.

In these tough economic times, the benevolence of our family takes on even greater importance. I am proud to point out that regardless of the economy, the YES Campaign consistently exceeds its goal. There is still much work to do, however; the number of participants is only the tip of the iceberg when compared to the total number of faculty and staff on the MUSC campus. And if you're thinking you really can't afford to give, I ask you to please reconsider. The average annual gift over the past five years is approximately \$510, or about \$1.40 a day.

Like a young man or woman at the age of 20, the YES Campaign looks ahead with its best years still to come. With your help, we can make its future bright and in so doing brighten the future for its many beneficiaries.

Thank you for all that you do for the Medical University of South Carolina.



Sincerely,
Charles B. Thomas, Jr., M.D.
Chairman



Most of us have deeply personal reasons for supporting the causes we do. I was led to support the Medical University of South Carolina by a series of life experiences, beginning with the circumstances surrounding my birth in America.

My parents were Holocaust survivors who were brought to this country by an organization that was supported by private donations. Were it not for these gifts, I would not be here today. My life in America, my husband, our three beautiful children, my career as a teacher – all of these blessings came to me through the benevolence of people I'd never met.

And so, I grew up understanding the power of a gift to transform a life.

Many Holocaust survivors hid the details of their past. My parents never did. They shared their trials with my sisters and me, not because they wanted us to know of their suffering, but because they wanted us to appreciate the important things in life. Things like faith, family, good health, education and taking care of others.

They taught us that these things were worthy of our time and money.

My parents were faithful stewards of the new life they had been given. For them, America was not a destination, but a pathway that could lead to endless opportunities if travelled properly. They knew that others had sacrificed so that they could live more fully, and they were determined to honor that sacrifice through hard work, honest living and service of their community.

In so doing, they showed us that true philanthropy is not about hand-outs, but empowerment.

At age 14, I met the man who would become my husband, Jerry Zucker. Even at that age, we shared a belief in the importance of giving. We didn't have money to give in the early days, but we knew that it was important to give of our time, and we did.

Later, when we did have the means to contribute, we did, and we felt so lucky that we could make a difference.

Together, we began to see philanthropy not as a duty, but as an exciting opportunity to improve people's lives. We discovered the joy of giving.

On April 12, 2008, Jerry died of a form of brain cancer called glioblastoma. My husband was a passionate philanthropist whose generosity had touched many lives. After his passing, many kind things were said about him and the legacy he had left behind. But for Jerry, a legacy was not something to be left behind, but something to be lived every day. He wanted to live his life in a way that led people to do great things.



And this, ultimately, is why I give to the Medical University of South Carolina. Because doing so empowers people to do great things: to discover cures for cancer, heart disease and other ailments; to give doctors, nurses and other caregivers the skills needed to save and transform human lives; and to provide people from every walk of life with the best health care possible.

In short, my gifts empower people to "heal the world," literally, through better medicine. For me, there is no worldly purpose more important or noble than this.

Sincerely,

Anita Zucker

Chair, MUSC Foundation Board of Directors

Anita Zucker has been a member of the MUSC Foundation Board of Directors since 2001, serving as chairwoman since 2004. She and her family recently established several new funds dedicated to the exploration of brain tumors, spinal cord injuries and other neurological ailments, including an endowed chair named in memory of her husband, Jerry. To make a gift to the Jerry Zucker Endowed Chair in Brain Tumor Research, please visit muscd.edu/giving, click "Make a gift" and then "Neuroscience." For information about this or any of the other funds within the MUSC Foundation, please call (843) 792-4275 or toll-free (800) 810-6872 (MUSC).

Clinicians, gift of ECMO save gift of life

Kristin Patrick has entered her teen years with all the energy and spunk you would expect from a 13-year-old: the older of two children, membership in her middle school’s Junior Honor Society, active in church, piano lessons. It’s hard to believe that her very survival was in peril when she was only 15 months old.

Kristin’s ordeal began as a common cold, recalls her mother, Susan Patrick, who remembers that day vividly. There was nothing common, however, about the course of events to follow.

“We went to a ball game; it was a Saturday,” Susan says. “She really felt sick, and she got a high fever, and she got this really bad cough, like a gagging cough. She sounded like she was gasping for air, and it just kept getting worse. We called the pediatrician’s office and they said try and just watch her and wait until Monday to bring her in.

“All day Sunday she was just really lethargic, with a high fever and coughing and Sunday night she really got bad,” Susan recalls. “Looking back, I probably should have taken her to the emergency room or something. I called the pediatrician again and they said bring her in the first thing Monday morning.”

From the doctor’s office Susan, husband Michael and Kristin went to the hospital for chest X-rays, and while waiting to consult with their physician on the results, Susan witnessed something both amazing and terrifying – air bubbles about the size of Rice Krispies kernels were forming under Kristin’s skin. The pneumonia had literally perforated her lungs, allowing oxygen to leak out into the layers of tissue between the skin and muscle where it formed bubbles and constantly popped.

Kristin was rushed to Medical University Hospital, and it became home for her and her parents for the next five weeks.

“When you know your child is sick enough to have to go to the Medical University – you’re feeling good about the Medical University because you know that they’re rated high in all these things,” Susan says, “but to know your child has to be there is scary, too. “

Although seeing her child admitted to a pediatric intensive care unit was frightening, Susan was comforted by the team approach MUSC’s clinicians used in treating rare cases like Kristin’s, consulting with experts in a number of specialties to get at the genesis of her illness.

Still, a reliable prognosis eluded the clinical staff, so unusual was her body’s reaction to the pneumonia.

“They had never seen anybody’s body respond that way with the (air) holes popping like that, especially without some pre-existing condition, a lung problem, or anything like that. They weren’t sure what to do,” recalls Susan. “They called every other children’s hospital and no one had ever seen that, so that was kind of scary.”

Various treatments were tried and rejected, leaving Kristin’s caregivers fewer options as they tried to reverse her deteriorating condition. Ultimately, they decided to try extracorporeal membrane oxygenation (ECMO), attaching Kristin to a device that would provide oxygen to her blood, allowing the lungs to rest and heal. It was, Susan says, “a last resort.”

After 10 days on ECMO, four days short of the maximum time she would have been allowed on the device, Kristin began to show signs of improvement and was taken off the machine. She went on to make a full recovery.

What saved Kristin, in addition to the skills of her caregivers, was the availability of the ECMO device itself. Susan says she learned that it had been purchased through private donations. Had it not been available, the outcome may have been different.

“The doctors said she was not a child they expected to survive,” Susan says now. “It was a miracle for them, and it was something they were glad to be a part of, because they felt like it was something they were allowed to see happen, how she healed.”

“They had never seen anybody’s body respond that way . . . without some pre-existing condition, a lung problem, or anything like that.”

Susan Patrick, on daughter Kristin’s mysterious ailment

Kristin was 15 months old when she was hospitalized



Matthias Frye puts volunteerism first

Although in the employ of the Medical University Hospital Authority for less than two years, volunteer recruiting coordinator Matthias Frye is the epitome of the staffer who gives back.

His first association with the medical center was as a volunteer; now, from his office on the second floor of Ashley River Tower, he oversees them. Frye is one of two people responsible for recruiting, interviewing and coordinating the medical center's small army of volunteers throughout the campus and at facilities around town.

Frye was drawn to a health care environment through a combination of intellectual curiosity and family influence.

In school, science was one of his favorite fields of study, especially biology and chemistry.

"I've always had an interest in the human body and the way it works," he explains. "I love muscles and the way they contract and expand and how one action can have an opposite action, but the muscles work together to get something done. I love the science of the body and the way it all works together."

An older cousin who became an anesthesiologist provided the family influence. Frye also recalls being inspired by Heathcliffe Huxtable, the family physician and patriarch of the popular TV family portrayed in The Cosby Show during the 1980s and '90s.

Upon volunteering at MUSC in the summer of 2007, Frye offered to serve in the emergency and recovery rooms to see if a career in medicine is what he really wanted. If nothing else, he learned he was not faint of heart.

"I've seen some pretty cool things, I'll just say it like that," Frye recalls. "If blood is not your thing, if bones out of socket is not your thing, then you may not want to be there."

Frye and another coworker volunteered to serve on the Yearly Employee Support (YES) campaign committee, evaluating proposed programs and promoting the campaign among employees. Frye, of course, also contributes to the YES campaign and, not surprisingly, designates a portion of his contribution for use by the volunteer office. He also devotes part of his contribution to the Family Fund and other areas.

"Aside from the fact of the feeling that you get when you give and help people out, it's a great way to give back to your department," he says. "And there is a long list of other areas in the hospital that are helping people, or if there is a cause that you're partial to, then you could support that."

Regarding Frye's future, the clinical side of medicine remains a strong attraction, but his current duties have piqued his interest in health care's administrative side.

"I'm giving myself roughly a two-year timetable," he says. "I'm studying for the MCAT (Medical College Admissions Test) and building my resume with my application. I'm planning to take it in April. Depending on how I do, that will guide my career track. I would like to do a program here if possible, with the MPH (Master of Public Health) program. If I don't get directly into medical school then I would probably go toward the administrative side and go for a master's in health administration. But it's a two-year window because the medical school process takes about a year, once you get invited for interviews and everything."

A third option would be just staying put in Volunteer Services.

"I don't have a problem with working here because I'm loving what I'm doing right now," he adds. "I love the administrative aspect of it -- I'm back and forth all day in the hospital, I get to meet all sorts of people. And in this role, getting people to volunteer, I'm helping a lot of people in my situation. I'd say 80 -- if not more -- percent of the people who volunteer are college students who are looking to get into medicine or physical therapy or nursing school. They're in the same boat I am, so I'm getting a chance to help them out. I like that aspect of helping someone get to where they want to be."

He could probably find a place even for the faint of heart.



Matthias Frye in Ashley River Tower

Horinbein continues fight against SBS

It only takes a second to ruin a life forever.

No one knows this better than Gale Horinbein, coordinator of the Medical University of South Carolina's Shaken Baby Syndrome Prevention Project.

"It could happen very easily, and even the most kind and loving caregiver can get frustrated enough to shake a baby," says Horinbein, a medical social worker for the MUSC Hospital Authority. "Anybody's who's had a child knows what it's like to be frustrated by a crying baby, but one moment of rage can change the life of a child causing irreparable neurological damage and even death."

Shaken baby syndrome (SBS) is a traumatic brain injury inflicted by vigorously shaking a baby. The violent shaking causes the child's brain to bounce back and forth inside the skull, causing bruising, swelling or bleeding which subsequently can lead to permanent brain damage or even death.

The incidence of shaken baby syndrome is difficult to determine, but most experts put the number of SBS victims annually in the United States between 1,000 and 1,500 children, the vast majority less than a year old. That is only a fraction, however, of the number of children abused in this country each year. According to Horinbein, in 2005 nearly 900,000 children in the U.S. suffered some form of abuse or neglect. Among all states, South Carolina ranks 34th in the number of deaths per 100,000 children ages 1-14 and 36th in child abuse fatalities per 100,000 children. The state ranks last in per capital child welfare expenditures.

Horinbein, who covers the Children's Hospital plus intensive care units and emergency rooms as part of her duties, spent 12 years as the SCAN (Suspected Child Abuse and Neglect) coordinator prior to assuming her current position. Tragically, she has witnessed countless cases of abuse come through the hospital doors. Many of those, especially in recent years, were head-injury cases, of which SBS was the primary cause.

"Most of the children who came in appeared to be well-nourished and healthy, and their siblings were healthy," Horinbein says. "The parents seemed very caring and were just devastated to see the results of the shaking. Most of them were simply not aware of the dangers of shaking."

Horinbein researched the issue and devised a hospital-based education program modeled on other programs she found around the country. The goal was ambitious, but simple: Educate the parents about how to cope with crying and on the dangers of shaking babies. This is done upon the birth of every child. Two major obstacles, however, had to be overcome: Funding the program and finding someone to sit down with the parents of every baby born in the hospital and counsel them on the consequences of shaking their newborn infants.

Regarding the counseling of parents, Horinbein found willing allies in the nursing staff. "The nurses didn't bat an eye, or have the slightest hesitation when I asked them to help with this project," she says. "They are truly dedicated to providing the best of care for patients and their families."

The funding for the program, now in its third year, comes from the Family Fund of the Yearly Employee Support (YES) Campaign, MUSC's internal fundraising effort.

Spurred by the efforts of Horinbein, Sen. W. Greg Ryberg of Aiken County and others, the South Carolina General Assembly, with emphatic support from Sue Rex, wife of State Superintendent of Education Jim Rex, passed legislation in 2007 requiring all hospitals to educate parents of newborns about SBS. The law went into effect last year. It also has gained regional – if not national attention – by virtue of South Carolina Educational Television's production of an episode about SBS, winning an award from the South Carolina Medical Association and receiving a regional Emmy nomination from the Southeast Chapter of the National Academy of Television Arts and Sciences. Horinbein also received an award from the Lowcountry chapter of the South Carolina Perinatal Association for her efforts in educating the public about SBS.

To further promote prevention of SBS, the third week in April has been designated Shaken Baby Syndrome Awareness Week by the Legislature.

Accolades, though, are the farthest thing from Horinbein's mind in this campaign; rather, she's out to save lives.

"The number one reason for parents and caregivers losing control and shaking a child is inconsolable crying," Horinbein says. "We want them to know that an inconsolable baby doesn't mean that they're doing anything wrong, and it's OK to put the baby in a safe place and take a break.

"I've worked with a lot of families," she adds. "When you see what they're going through after a baby has been injured and the damage that results, this is why I felt a need to do it."



Gale Horinbein sees firsthand the damage from shaking babies

Cardio clinic seeks to prevent disease

When the Seinsheimer Cardiovascular Health Program opened last fall, Bev Seinsheimer — notice the name — called around the first of October 2008 to get an appointment. She was told the earliest opening was February 2009, about five months away.

“Oh,” was her reaction.

It would be an understatement to say that the Seinsheimer program, part of the Medical University of South Carolina’s Heart & Vascular Center, has filled a substantial need from the outset. It is one of only a handful of clinics in the nation designed to prevent heart disease rather than treat it, and as such, it has sparked such attention in the Lowcountry that even one of its benefactors has to wait for an opening.

For Bev and her husband, Wally, however, that’s good news.

“It’s so exciting to be a part of something that hopefully will go on into perpetuity, to be a part of its inception, and just to be involved in it,” says Bev.

For it to have happened, however, a lot of elements had to be in the right place at the right time. Take the Seinsheimers, for instance. Wally is a builder and developer and Bev is retired from the real estate business. But her background is in surgical nursing. “I’ve always been fascinated by medicine, especially cardiovascular disease,” she says.

After the couple moved to Charleston, she became involved in the arts, but after several years she felt she needed a new challenge. The challenge came with an offer by friend Paula Harper Bethea, who has been involved with MUSC in many capacities, to serve on the Heart and Vascular Center board of directors. Bev jumped at the offer to reconnect to her first love.

That led to an encounter with Pamela Morris, M.D. during a speaking engagement in Charleston.

“She did this presentation on prevention of cardiovascular disease,” Bev recalls, “and that was probably one of the ‘zing’ moments of my life, for lack of a better term. I thought, after her presentation, I’ve got to grab her before she goes out the door.”

Grab her, she did, and a week later they met.

“Nobody knows prevention like she does, and certainly nobody knows more about women’s heart disease and the mortality rate — it’s the number one killer,” Bev says. “I told her at our meeting, we’ve got to get the word out about this, we’ve got to do something, and out of that meeting was born the Women’s Heart Health Symposium (now in its third year).”

Morris, who earned her M.D. from Duke University’s School of Medicine, now serves as director of Preventive Cardiology and co-director of Women’s Heart Care at MUSC.

It’s safe to say that when Bev Seinsheimer gets involved in a project, she goes 100 percent. At a recent Heart & Vascular health screening, she took the blood pressure of a 120 participants. “I just get jazzed about being able to do something for it or with it or in it,” she says.

That would explain why she and Wally, who serves on the Board of Directors of the Medical University Foundation, went the extraordinary length to make a gift to MUSC to establish the Seinsheimer Cardiovascular Health Program.

The program combines a full range of preventive cardiovascular services: comprehensive exams, nutrition counseling, weight management, recommended exercises, diabetes management and other resources.

Such measures have proven to be effective, as deaths from heart attacks have declined nearly 50 percent in the United States since 1968. In spite of that progress, however, cardiovascular disease remains the leading cause of death in this country for men and women.

“I think Wally sort of picked up on my passion for all this and two years ago we were redoing our financial plan and updating our wills and we were talking about how we need to leave something behind. What is it that we want to do?” explains Bev. “We both decided we wanted to do something with the Medical University, and to us, that was the most powerful thing we could think of. Every time I get an update from the Seinsheimer Clinic, it’s so exciting.”

Wally and Bev Seinsheimer relax in the lobby outside the cardiovascular clinic they established



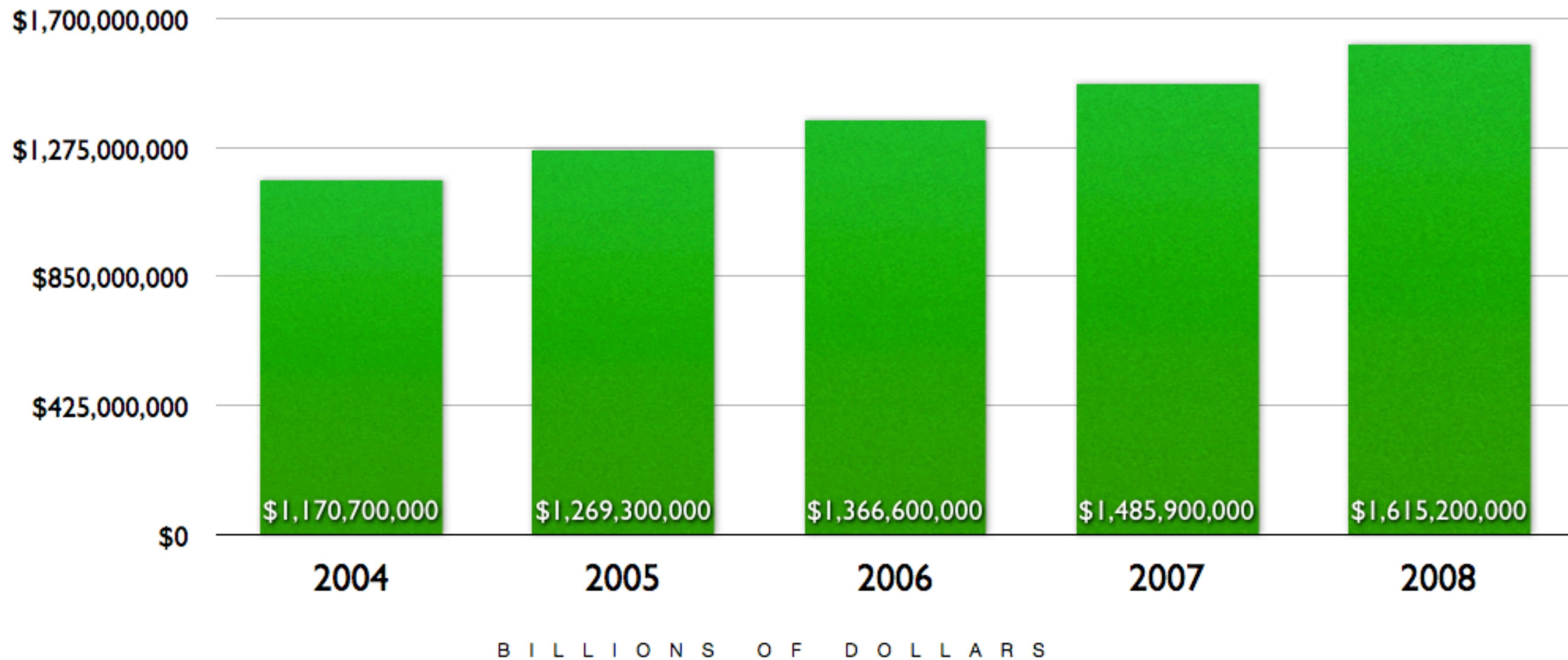
Although gifts to the Medical University can be made in many ways, Wally encourages others who may be considering such a course to do it in the manner Bev and he did.

“We made the decision to take the financial risk and make the contribution during our lifetime so that we could be involved in the planning, execution and success of the program,” Wally explains. “We were encouraged and helped with this decision-making hurdle by Leigh Manzi in the Office of Development. She really did a great job of letting us visualize what might be possible if we did it promptly during our lifetime.

“It’s important to let people know that the Office of Development can help them,” he adds, “and if they do it now, one, it helps the Medical University now; and two, they can enjoy the fruits of their money and interests.”

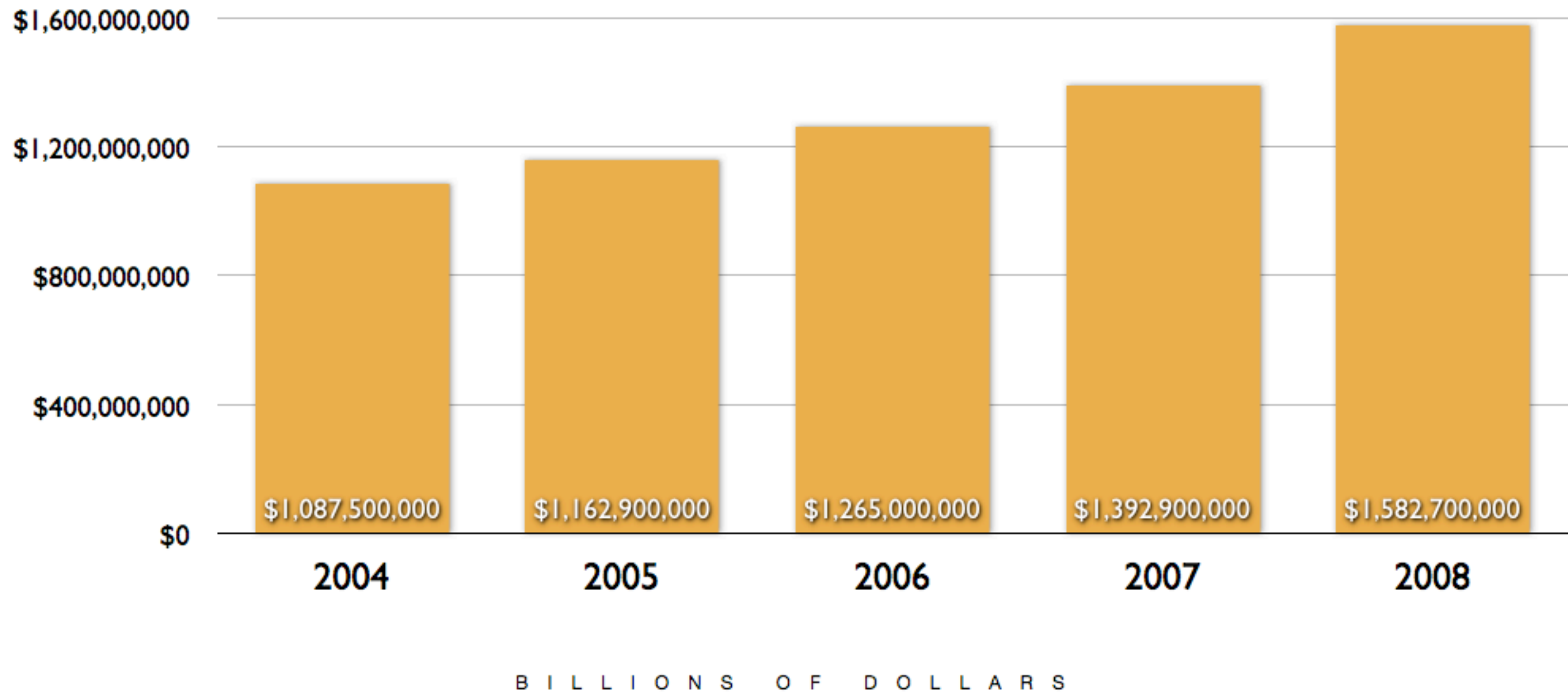
Financial Highlights for the year ended June 30, 2008

REVENUES



Financial Highlights for the year ended June 30, 2008

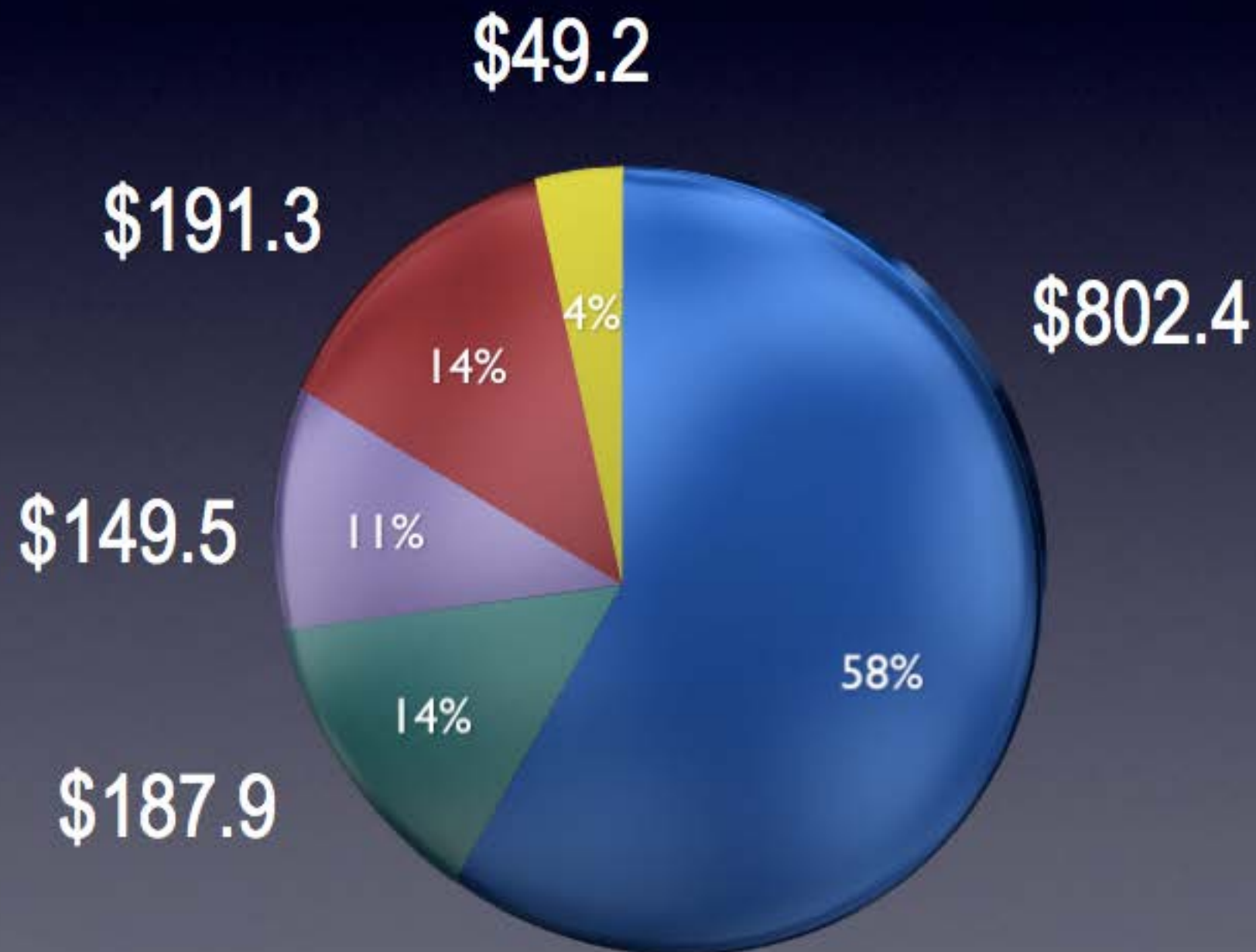
TRANSFERS & EXPENDITURES



Total Revenue (in millions)

\$1,615.2

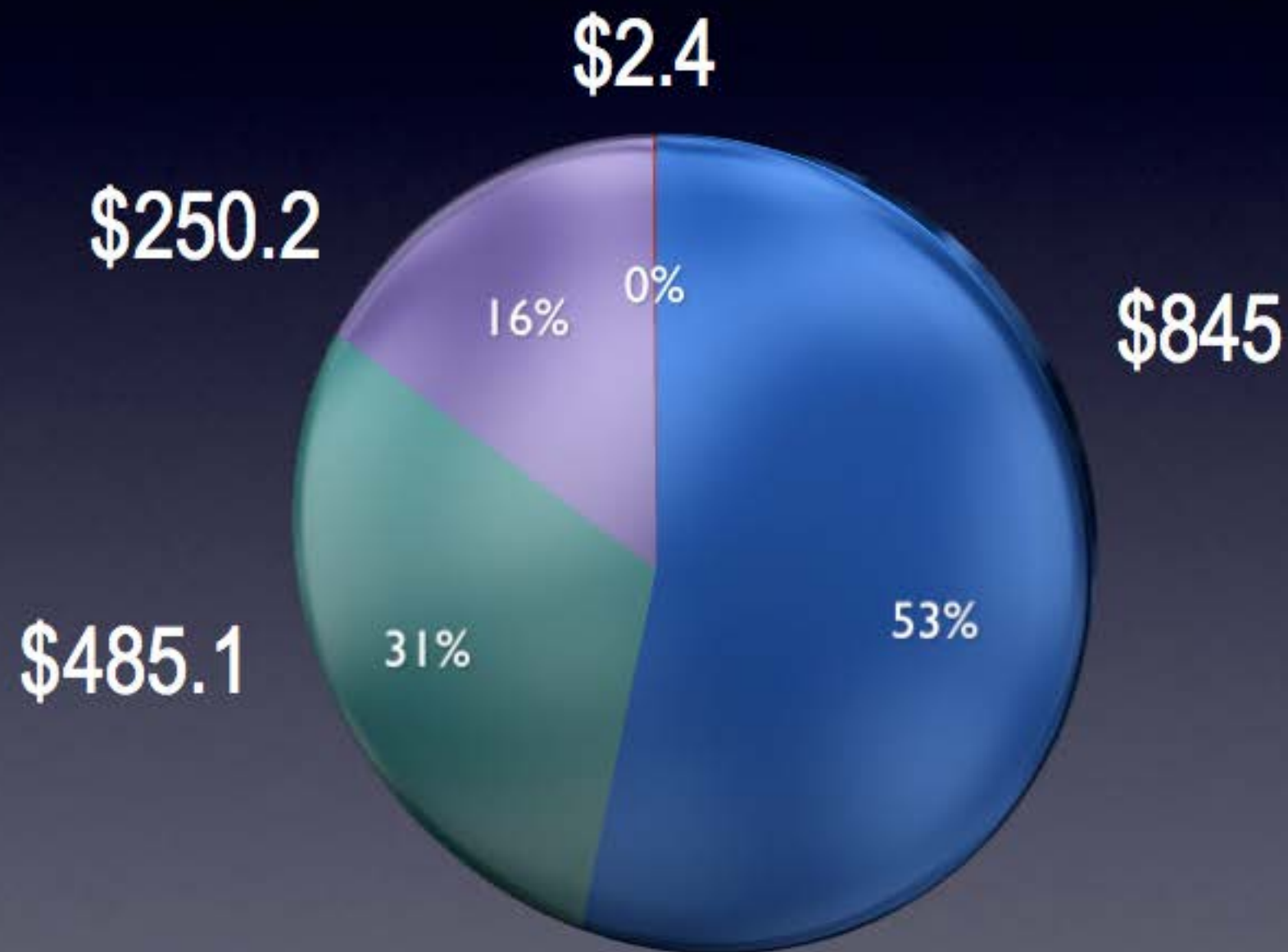
- Patient Services
- State Appropriations
- Tuition & Fees
- Grants, Gifts, Contracts
- Sales, Service, Interest & Other



Total Expenditures (in millions)

\$1,582.7

- MUSC Hospital Authority
- University
- University Medical Associates
- Nonmajor Enterprise Funds



Research Cumulative Awards (in millions)



Foundation Assets (in millions)



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“Generosity is giving more than you can, and pride is taking less than you need.”
Kahil Gibran, Lebanese-American artist, poet & writer



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